

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATIONATTORNEY DOCKET NO. 10031055-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SINGLE-MODE VERTICAL CAVITY SURFACE EMITTING LASERS AND METHODS OF MAKING THE SAME

The specification of which is attached hereto unless the following box is checked:

☐ () was filed on _____ as US Application Serial No. or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.66(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number 022878Place Customer
Number Bar Code
Label hereSend Correspondence to:
AGILENT TECHNOLOGIES, INC.
Legal Department, DL429
Intellectual Property Administration
P.O. Box 7589
Loveland, Colorado 80537-0589

Direct Telephone Calls To:

Pamela L. Kee
(408) 553-3058or Edoardo Garcia
(850) 631-8591

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Bernhard Ulrich KoelleCitizenship: GermanyResidence: 350 Ean Village Lane #224, San Jose, CA 95134Post Office Address: 350 Ean Village Lane #224, San Jose, CA 95134

Inventor's Signature

Date

10/24/2003

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10031056-1

Full Name of # 2 joint inventor: Scott W. Corzine Citizenship: United States
Residence: 1354 Egret Drive, Sunnyvale, CA 94087
Post Office Address: 1354 Egret Drive, Sunnyvale, CA 94087
Inventor's Signature: Scott W Corzine Date: 10/29/03

Full Name of # 3 joint inventor: Laura Giovane Citizenship: United States
Residence: 2147 Newhall Street # 313, Santa Clara, CA 95050
Post Office Address: 2147 Newhall Street # 313, Santa Clara, CA 95050
Inventor's Signature: _____ Date: _____

Full Name of # 4 joint inventor: An-Nien Cheng Citizenship: Taiwan
Residence: 5983 Randleswood Ct., San Jose, CA 95129
Post Office Address: 5983 Randleswood Ct., San Jose, CA 95129
Inventor's Signature: _____ Date: _____

Full Name of # 5 joint inventor: _____ Citizenship: _____
Residence: _____
Post Office Address: _____
Inventor's Signature: _____ Date: _____

Full Name of # 6 joint inventor: _____ Citizenship: _____
Residence: _____
Post Office Address: _____
Inventor's Signature: _____ Date: _____

Full Name of # 7 joint inventor: _____ Citizenship: _____
Residence: _____
Post Office Address: _____
Inventor's Signature: _____ Date: _____

Full Name of # 8 joint inventor: _____ Citizenship: _____
Residence: _____
Post Office Address: _____
Inventor's Signature: _____ Date: _____

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)**ATTORNEY DOCKET NO. **18031055-1**

Full Name of # 2 joint inventor: Scott W. Corzine Citizenship: United States
Residence: 1354 Egret Drive, Sunnyvale, CA 94087
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Inventor's Signature _____ Date _____

Full Name of # 3 joint inventor: Laura Giovane Citizenship: United States
Residence: 2147 Newhall Street # 313, Santa Clara, CA 95050
Post Office Address: 2147 Newhall Street # 313, Santa Clara, CA 95050
Laura Giovane 10/27/03
Inventor's Signature _____ Date _____

Full Name of # 4 joint inventor: An-Nien Cheng Citizenship: Taiwan
Residence: 5983 Randleswood Ct., San Jose, CA 95129
Post Office Address: 5983 Randleswood Ct., San Jose, CA 95129
An-Nien Cheng 10/27/03
Inventor's Signature _____ Date _____

Full Name of # 5 joint inventor: _____ Citizenship: _____
Residence: _____
Post Office Address: _____
Inventor's Signature _____ Date _____

Full Name of # 6 joint inventor: _____ Citizenship: _____
Residence: _____
Post Office Address: _____
Inventor's Signature _____ Date _____

Full Name of # 7 joint inventor: _____ Citizenship: _____
Residence: _____
Post Office Address: _____
Inventor's Signature _____ Date _____

Full Name of # 8 joint inventor: _____ Citizenship: _____
Residence: _____
Post Office Address: _____
Inventor's Signature _____ Date _____